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		COPY
MAR 09 2023		
CLERK U.S. DISTRICT COURT		
DISTRICT OF ARIZONA		
BY DEPUTY		

Francesco Espada

Name and Prisoner/Booking Number

Tower Jail

Place of Confinement

3250 W. Lower Buckeye Road

Mailing Address

Phoenix, AZ 85009

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

THIS DOCUMENT IS NOT IN PROPER FORM ACCORDING  
TO FEDERAL AND/OR LOCAL RULES AND PRACTICES  
AND IS SUBJECT TO REJECTION BY THE COURT.

REFERENCE

11ewp 3,4

(Rule Number/Section)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA**

Francisco Espada JR

(Full Name of Plaintiff)

Plaintiff,

v.

(1) Phoenix Police Department

(Full Name of Defendant)

(2) Phoenix Police Department

(3)

(4)

Defendant(s).

Check if there are additional Defendants and attach page 1-A listing them.

**CASE NO. CV23-00415-PHX-SMB--ESW**

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

Original Complaint

First Amended Complaint

Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

28 U.S.C. § 1343(a); 42 U.S.C. § 1983

28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

Other: \_\_\_\_\_

2. Institution/city where violation occurred: Phoenix, Arizona

- 3.

**B. DEFENDANTS**

1. Name of first Defendant: Phoenix Police Department The first Defendant is employed  
as: Police Officer at \_\_\_\_\_ (Institution)  
(Position and Title)

2. Name of second Defendant: Phoenix Police Department The second Defendant is employed as:  
as: Police Officer at \_\_\_\_\_ (Institution)  
(Position and Title)

3. Name of third Defendant: \_\_\_\_\_ The third Defendant is employed  
as: \_\_\_\_\_ at \_\_\_\_\_ (Institution)  
(Position and Title)

4. Name of fourth Defendant: \_\_\_\_\_ The fourth Defendant is employed  
as: \_\_\_\_\_ at \_\_\_\_\_ (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while you were a prisoner?  Yes  No

2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
2. Court and case number: \_\_\_\_\_
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Yes \_\_\_\_\_

b. Second prior lawsuit:

1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
2. Court and case number: \_\_\_\_\_
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Yes \_\_\_\_\_

c. Third prior lawsuit:

1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
2. Court and case number: \_\_\_\_\_
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) Yes \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

**D. CAUSE OF ACTION****COUNT I**

1. State the constitutional or other federal civil right that was violated: 4th

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

<input checked="" type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input checked="" type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input checked="" type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: <u>inharassment</u>	

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The year 2022 at this location. 2770 E  
Van buren street Phoenix, Arizona 85008 Community Bridges  
Central City.

Two phoenix police officers who's name is unknown at this time came to this location And assaulted me. Their was atleast ~~4~~ four to five staff member's from Community bridges That witnessed the assault. Their should be a ~~9~~ nine one one call that day The officer asked me if I was on the phone with nine one one I said no and that's when They started to assault me. Here is my phone number from that day of the incident

(480) 231-0579 I would like a Grand Jury Trial

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Head arm shoulder face injuries  
back also knee's

5. Administrative Remedies:

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- Did you submit a request for administrative relief on Count I?  Yes  No
- Did you appeal your request for relief on Count I to the highest level?  Yes  No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. not sure . offring for my safety

COUNT II

1. State the constitutional or other federal civil right that was violated: 4th

2. Count II. Identify the issue involved. Check only one. State additional issues in separate counts.

Basic necessities       Mail       Access to the court       Medical care  
 Disciplinary proceedings       Property       Exercise of religion       Retaliation  
 Excessive force by an officer       Threat to safety       Other: mishandlement

3. Supporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

*Same as Count one, But this officer  
just acted no questions*

*I would like a grand jury trial*

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

*Same as Count one*

5. Administrative Remedies.

1. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
2. Did you submit a request for administrative relief on Count II?  Yes  No
3. Did you appeal your request for relief on Count II to the highest level?  Yes  No
4. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. *not sure official for my safety*

**COUNT III**

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_

2. **Count III.** Identify the issue involved. Check only one. State additional issues in separate counts.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

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4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

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5. **Administrative Remedies.**

1. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
2. Did you submit a request for administrative relief on Count III?  Yes  No
3. Did you appeal your request for relief on Count III to the highest level?  Yes  No
4. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

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If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

Two point five million dollars.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/8/2023  
DATE



SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.